

STATE OF CONNECTICUT INSURANCE DEPARTMENT

Non-Resident Individual Reinsurance Intermediary POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That		of the City/Town of	in the State of
	(Name of Individual)		
		siness of a Reinsurance Intermediary in the State of C and appoint the Insurance Commissioner of said Sta	
his/her true and lawful atto		of Connecticut, on whom all process of law, whether	
		may be served in any action or proceeding against	said Reinsurance Intermediary
(Name of In			
		ance with all the provisions of the laws of the State of relation thereto. And the said attorney is hereby duly	
		ept services of process in all cases as provided by the	
		onal service on said Intermediary, and shall be of the	
		iary hereby waives all claims of error by reason of si	
		mains a licensed Reinsurance Intermediary and until	
		them because of their having done business under s	
		-	
IN WITNESS WHEREO	F, the said	has here (Name of Individual)	unto set their hand and seal
this day of	20	(ivalic of ilidividual)	
day or	, 20		
	L	S.	
Signature			
Name of Person Signing			
STATE OF			
		SS:	
COUNTY OF			
On this day	of	, 20, before me, a Notary Public/Commiss	sioner of the Superior Court
		take acknowledgement of Deeds and other instrume	
appeared	(Name of Individual)	to me known to be the individual de	scribed in, and who
	` /	that he/she signed and sealed the same as his/her free	e and voluntary act and deed
for the uses and purposes t		that he sine signed and sealed the same as mis her her	s and voluntary act and acca
Tor the does and purposes t			
		Notary Public/Commissioner of the Supe	rior Court
		My Commission Expires	